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ABSTRACT

Unsupervised do-it-yourself therapy constitutes an exceptionally important issue that calls for more empirical and scientific investigation of the validity of publications in this field. Rational-emotive therapy (RET), one of the most popular forms of self-help treatment, has led to several generalizations. (1) Cognitive and cognitive-behavior therapies have been very widely used as modes of unsupervised self-help treatment for thousands of years. (2) Many people are quite capable of significantly changing their personalities and behavior by self-help therapies, and are able to do so when this therapy is supervised, lightly supervised, or entirely unsupervised. (3) Some people can help themselves to change their personalaties and behavior more effectively and extensively by unsupervised cognitive self-help therapies. (4) More people will help themselves through cognitive and cognitive-behavior therapy when they are supervised by a professional therapist. (5) A highly cognitive and philosophically-oriented self-help therapy, such as RET, will help people significantly more than will less philosophically-oriented therapies. (Author)

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Rational-Emotive Therapy and Self-Help Therapy

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Abstract

Unsupervised do-it-yourself therapy constitutes an exceptionally important issue that calls for more empirical and scientific investigation of the validity of publications in this field. Rational-emotive therapy (RET) is one of the most popular forms of self-help treatment; and on the basis of over twenty years of experience with it, I would make the following hypotheses: (1) Cognitive and cognitive-behavior therapies, such as RET, have been very widely used as modes of unsupervised self-help treatment for thousands of years. (2) Many people are quite capable of significantly changing their personality and their behaviors by t he use of cognitivex and cognitive-behavior self-help therapies; and they are able to do so when (a) this therapy is supervised or lightly supervised and (b) when it is entirely unsupervised. (3) Some people can help themselves to change their personality and behavior more effectively and extensively by the use of unsupervised cognitive and cognitive-behavior self-help therapies, such as RET, than to change by resorting to supervised therapy of the same or other therapeutic schools. (4) Some people will tend to help themselves more effectively and lastingly by the use of cognitive-behavior therapy that is used in a completely unsupervised do-it-yourself form; but more people will tend to help themselves more effectively and lastingly by the use of this type of therapy when they

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are supervised by a professional therapist. (5) Highly cognitive and philosophically-xoriented self-help therapy, such as RET, will help people xxxx significantly more with their emotional and behavioral problems than will less philosophically-oriented therapies (such as psychoanalysis, relationship, abreactive, or classical behavior therapy).

Rational-Emotive Therapy and Self-Help Therapy

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(Paper presented at the symposium, "Nonprescription Psychotherapies: Symposium on Do-It-Yourself Treatments," Chaired by Gerald M. Rosen. American Psychological Association 85th Annual Convention, Gold Room, Fairmont Hotel, San Francisco, Saturday, August 27, 1977, 1:00-2:50 P.M.)

Quite accustomed as I am to public speaking and to making what some benighted people consider outlandish statements at some of my public presentations, I shall begin this talk with a typical Ellisonian outburst. I think that the topic that our chairperson, Dr. Rosen, has labeled "nonprescription psychotherapies" is probably the most important topic to be discussed at this convention; and I believe that fifty years from now, when most of the other papers given at the 85th annual convention of the APA are antiquated and long forgotten, the issue of unsupervised do-it-yourself therapy will still be an exceptionally important area, and will by that time have produced an impressive body of theoretical and research papers. I may, of course, prove entirely wrong about the importance of this symposium and about the relative triviality of some of the other papers at this convention. But I also may be quite right: since psychologists can be, and often are,

as stupid as other scientists; and they can, and often do, endlessly and nauseatingly stew intheir own piddling juices and keep turning out enormously brilliant papers on enormously unimportant subjects. In fact, they are almost unrivaled in this respect--though, clearly, many other social and physical scientists work overtime to try to outdo them. But my confidence in psychologists is still great; and I predict that they will continue to win the I-can-publish-a-more-trivial-paper-than-you sweepstakes.

Seriously, I do think that the subject of unsupervised do-it-yourself therapy is an exceptionally viable and important issue; and I think that recent publications in this subject, particularly the opposing views of Goldiamond (1976) and Rosen (Glasgow and Rosen, in press; Rosen, 1976, 1977a, 1977b), have opened up a lively can of worms that we had better give much more attention to than we have tended to give for the last century. Naturally, I have a personal stake in the controversy about self-help therapy: since my own system, rational-emotive therapy or RET, has claimed to be, from its very inception in 1955, a form of treatment that especially emphasizes do-it-yourself techniques: including bibliotherapy, in vivo homework assignments, self-reinforcing procedures, and other self-help methods (Ellis, 1957, 1958, 1962, 1971, 1973, 1977a). For the last twenty years, moreover, I have been something of a pioneer in publishing several bestselling manuals in two important areas: (1) sex, love, and marriage relationships (Ellis, 1958b, 1960, 1963a, 1963b, 1968, 1976; Ellis and Harper, 1961a); and (2) do-it-yourself psychotherapy books (Ellis, 1957, 1972, 1977a; Ellis and Harper, 1961b). So my outlook on unsupervised and supervised self-help procedures is hardly unbiased! But even were I not this personally involved with the subject of nonprescription therapy, I would probably deem this topic to have great importance to the consuming public and the psychological profession.

Although I feel that Gerald Rosen's contributions to the field we are discussing this afternoon are surpassed by no other investigator, I do want to start off with one major difference with him--and that is one concerning terminology. Before the term "nonprescription therapy" gets acknowledged as a good one and is accepted into the literature, I want to go on record as saying that it seems to me awkward and inaccurate; and I would like to see it immediately junked. Why? Because it poorly describes many of the unsupervised self-help therapies we are talking about in this symposium; and, ironically, it does fairly accuarately describe many highly supervised therapies, such as psychoanalysis, Rogerian, and existential therapy, which rarely prescribe any form of behavioral or other homework exercises for their clients and which insist on some kind of therapeutic supervision and of a personal relationship between the therapist and client. To make matters worse, most of the do-it-yourself programs that Rosen includes under the heading of "nonprescription psychotherapies" are actually very prescriptive. Thus, manuals like my own How to Live With--and Without--Anger (Ellis, 1977a) and Kass and Strauss's (1975) Sex Therapy at Home tell their readers exactly what to do on their own to effect emotional, cognitive, and behavioral changes in themselves. What could be more prescriptive?

I shall therefore, in the rest of this paper, have the temerity (otherwise known as chutzpah!) to make some drastic changes in Rosen's terminology. I shall hereafter completely abandon the label, nonprescription therapy, and shall refer to three basic kinds of do-it-yourself systems: (1) supervised self-help therapy, which includes considerable use of self-help procedures as well as extensive supervision by a professional therapist; (2) lightly supervised self-help therapy, which consists of

considerable use of self-help procedures accompanied by a relatively small amount of supervision by a professional therapist; and (3) unsupervised self-help therapy, which includes considerable use of do-it-yourself procedures but no supervision by a professional therapist. I hope that this kind of terminology will be less ambiguous than Rosen's.

As the originator of and one of the busiest practitioners of rational-emotive therapy for the last two decades, I have had a large amount of direct and indirect experience with all three of these forms of supervised, lightly supervised, and unsupervised do-it-yourself therapy. For RET, like certain other types of cognitive and cognitive-behavior treatment, seems almost ideally suited to self-help procedures; and, in an important sense, it largely consists of helping clients to help themselves. My own clients frequently ask me, during one of our early sessions, "How long do you think it will takeme to get better using RET?" I generally reply: "From a few sessions to a few years--depending mainly on how you work at it. It only takes a rational-emotive therapist a short while to show you exactly what you are doing to upset yourself and precisely what you'd better do to think, emote, and act differently, and thereby to cease disturbing yourself. But we never know, at least for several sessions, how well you will listen and how determinedly you will work your ass off to use the corrective knowledge and exercises we give you. The self-help activity that you do under our direction is almost entirely up to you, not to us. Virtually no disturbed person significantly improves without immense work and practice. So the more you work at RET, the faster and more thoroughly you'll improve. Although I (and other RET practitioners) can show you distinctly what to do, we unfortunately (or perhaps fortunately!) cannot do it for you. If we could, we'd package

some kind of rational pill, sell it in drugstores, and quickly make ten billion dollars! But, alas, we can't. Now what are you going to do to take the RET knowledge you acquire during these sessions and use it--and I mean actively use it--every day to help yourself? The answer to that question will tell you how long it will take you to improve emotionally."

RET, in other words, specializes in the teaching of self-help procedures. It does so by the therapist teaching clients how to practice several important kinds of cognitive, emotive,and behavioral exercises (1) during the sessions themselves and (2) as homework assignments. Thus, in the course of my first few sessions with clients, I frequently teach them how to fill out their regular Self-Help Report From (Ellis, 1977b); how to practice rational emotive imagery (Maultsby, 1975; Maultsby and Ellis, 1974), and Disputing Irrational Beliefs (DIBS) (Ellis, 1974); how to use operant conditioning or self-management techniques (Ellis, 1977a); how to do referenting (Ellis, 1957/1975); and how to employ as many as twenty or thirty other rational-emotive or cognitive-behavioral procedures (Ellis, 1977a, 1977c).

Secondly, RET frequently encourages, and sometimes actively assigns, clients to employ several kinds of do-it-yourself procedures on their own. This may include (1) the reading of RET-oriented pamphlets and books, such as A New Guide to Rational Living (Ellis and Harper, 1961b/1975), Humanistic Psychotherapy: the Rational-Emotive Approach (Ellis, 1973), and Overcoming Depression (Hauck, 1973); (2) listening to rational-emotive recordings--e.g., How To Stubbornly Refuse to Feel Ashamed of Anything (Ellis, 1973b) and Twenty-one Ways to Stop Worrying (Ellis, 1973c); (3) attending special lectures, workshops, and film presentations featuring RET (especially my Friday night workshops on Problems of Everyday Living; and (4) the learning and singing of rational humorous songs (Ellis, 1977d, 1977e).

As Glasgow and Rosen (in press) have pointed out, even though the experimental validation of self-help behavior therapy programs is still in its formative stages, some evidence already exists that such programs may indeed significantly help people. Can the same be said for cognitive-behavior do-it-yourself programs, such as those that are an integral part of RET? Indeed it can, I say. After using RET self-help procedures for more than two decades, I have formulated the following hypotheses about the effectiveness of unsupervised therapy that has a heavy cognitive or cognitive-behavior emphasis. None of these hypotheses has as yet been adequately backed by a sufficient number of controlled studies; but all of them are supported by considerable clinical and anecdotal evidence. I present them here to encourage their validation or invalidation by formal experimentation.

Hypothesis No. 1: Cognitive and cognitive-behavior therapies, such as RET, have been very widely used as modes of unsupervised self-help treatment for thousands of years.

A large amount of historical and clinical evidence supports this hypothesis. Especially in the field of religious values or religious therapy, people have for many centuries profoundly influenced and affected their cognitions, emotions, and behaviors by reading devotional books like the Bible and the Koran; by perusing great quantities of pamphlets and other inspirational tracts; by attentively listening to and following the dictates of sermons and lectures; by taking Sunday School and other regular courses; by praying to God and engaging in many kinds of self-help rituals and practices; by singing hymns and other liturgical music; and by listening to cassettes, films, and radio and TV shows. In almost all parts of the world, in fact, more people have probably profoundly affected their own lives by do-it-yourself religious therapy than by all other forms of supervised psychotherapy combined.

I do not contend, of course, that all this religious self-help treatment has truly helped its devotees. My own view is that much or most of it has actually been distinctly harmful, in that it has fostered extreme dependency, dogmatism, irrationality, and antiscientific thinking and has abetted a dearth rather than a plethora of human openness, self-actualization, and joyous living. But, as several psychological writers have pointed out, supervised psychotherapy, even when practiced by some of the most reputable professionals, has produced its share of harmful results, too (Bergin and Garfield, 1971; Ellis, 1977a, 1977f; Lieberman, Yalom, and Miles, 1973). In any event, the history of religious therapy almost certainly shows that large numbers of people can bring about profound personality and behavioral changes in themselves by resorting to unsupervised self-help procedures.

In other fields, too, people have read, taken courses, listened to lectures, used films and slides, and utilized many other kinds of self-help devices to aid their lives (or at least to <u>think</u> they aided their lives)--including the fields of physical health, emotional stability, sexual prowess, human relations, and philosophy of living. Although virtually no controlled sutdies of this bibliotherapy and course-taking self-help process seem to have yet been done, I would dare to guess that for every living person who has been helped by formal supervised psychotherapy, ten or more have significantly changed their lives by informal, unsupervised therapeutic modalities. And this ratio in favor of unsupervised do-it-yourself modes of treatment seems to be increasing at present as a result of the current popularity of innumerable live, printed, and recorded courses of training in Yoga, transcendental meditation, transpersonal psychology, faith healing,

Silva mind control, Erhard seminars training, sex attitude reassessment workshops, religious revivalism, assertion training workshops, values clarification training, college and high school courses in personal adjustment, etc., etc.

Hypothesis No. 2: Many people are quite capable of significantly changing their personality and their behaviors by the use of cognitive and cognitive-behavior self-help therapies, such as RET; and they are able to do so when (a) this therapy is supervised or lightly supervised and (b) when it is entirely unsupervised.

Clinical and anecdotal evidence supporting this hypothesis, although it is naturally suspect in some respects, seems almost overwhelming. Innumerable people have testified that, as a result of reading a book, hearing a sermon, viewing a film, or attending a course or a revival-type meeting they have given up alcohol or drugs, stopped smoking, put an end to their feelings of depression, started to forgive rather than to hate their enemies, radically altered their lifestyle, and otherwise made profound changes in their thinking, emoting, and behaving. I have personally talked with or received long letters from literally hundreds of people who have achieved a much less guilty and more enjoying sex life from reading my books, such as Sex Without Guilt (Ellis, 1958) or The Art and Science of Love (Ellis, 1969); and I have spoken with or received written communications from well over a thousand individuals, including many who had been diagnosed by a psychiatrist as being psychotic, who felt that they had immeasureably improved, and in many instances changed almost the entire tenor of their lives, by reading one of my books on emotional health, such as How to Live with a "Neurotic" (Ellis, 1957/1975) or A New Guide to Rational Living (Ellis and Harper, 1961b/1975). Even if we discount most of this kind of anecdotal evidence as exaggerated and overenthusiastic, an impressive residue of probable truth remains and can be more scientifically tested.

Hypothesis No. 3: Some people can help themselves to significantly change their personality and behavior more effectively and extensively by the use of unsupervised cognitive and cognitive-behavior self-help therapies, such as RET, than they change by resorting to supervised therapy of the same or other therapeutic schools.

I don't have as much clinical or anecdotal evidence to support this hypothesis as I do to back the first two hypotheses in this paper. But my strong impression is that some people, for one reason or another, learn how to effect emotional changes in themselves more effectively without than with a supervising teacher or therapist--just as some people learn, let us say, arithmetic better by classroom instruction or by reading a text than they do by individual tutoring. I can think of several possible reasons for this, including: (a) Some individuals take unsupervised self-learning and self-motivation as a special kind of challenge. (b) Some are good readers and listeners rather than active therapy participants. (c) Just as many people are significantly helped by a therapeutic relationship, so are some unduly distracted from changing themselves by this very kind of relationship. (d) Some charisma-seekers or drama-seekers more easily turn themselves on to personality change by partaking of the unsupervised presentations of outstanding lecturers or writers than they do by utilizing the supervised leadership of a more ordinary therapist. (e) Some audio-visual minded individuals learn better from mechanical aids, such as from charts, recordings, and films, than they do by one-to-one tutoring or therapy.

Hypothesis No. 4: Some people will tend to help themselves more effectively and lastingly by the use of cognitive-behavior therapy, such

as RET, when it is used in a completely unsupervised do-it-yourself form; but more people will tend to help themselves more effectively and lastingly by the use of this type of therapy when they are supervised by a professional therapist.

I have a considerable amount of clinical evidence supporting this hypothesis, since I have seen hundreds of individuals who apparently received significant, and sometimes immense, help from reading my self-help books (especially, again, A New Guide to Rational Living) but who went much further in their therapy and received more profound and longer-lasting results when they continued to peruse or listen to RET-oriented materials but also received supervised therapy from me or from another RET practitioner. I would like to see, however, a number of controlled experiments that would more unequivocally validate this clinical observation.

Hypothesis No. 5: Highly cognitive and philosophically-oriented self-help therapy, such as RET, will help people significantly more with their emotional and behavioral problems than will less philosophically-oriented therapies (such as psychoanalysis, relationship, abreactive, or classical behavior therapy).

I do not have as much clinical evidence in support of this hypothesis as I do for the other hypotheses in this article. But I have often noted that people who read books on psychoanalysis, with its emphasis on unraveling the past, frequently disturb themselves by becoming more damning of themselves and family members than they felt before. Those who read books on relationship therapy often wind up by having a direr need for approval and love than they previously had. Those who read books on abreactive therapy tend to let out their feelings indiscriminantly and become more disturbed and less capable of social intimacy. Readers of behavioral self-management texts frequently make significant

immediate gains in losing wieght or in cutting down on smoking but then tend to fall back to their old behaviors later. On the other hand, those who engage in the unsupervised reading of rational-cognitive books, such as Epictetus' Discourses, Marcus Aurelius' Meditations, Bertrand Russell's Conquest of Happiness, or my own Humanistic Psychotherapy: the Rational-Emotive Approach, not only tend to receive more benefit from this kind of reading immediately following their participation in this self-help procedure but often also make profound philosophic changes that have major lifetime therapeutic effects.

I observe, in other words, that the unsupervised uses of self-help writings and audio-visual presentations that include a heavy cognitive restructuring or philosophy-of-life component usually bring greater benefits to people with emotional problems than do-it-yourself materials that are less cognitive. My observations are naturally prejudiced by my own rational-emotive theories and practices; but it certainly might prove highly instructive if they were experimentally tested.

Let me briefly conclude this paper by making another statement that some people will probably consider highly outrageous but that I stubbornly insist makes excellent sense. I think I can safely say that the most powerful and in many ways most effective do-it-yourself therapy manual ever published has been the Judao-Christian Bible--a self-help book that has probably enabled more people to make more extensive and intensive personality and behavioral changes than, so far, have all professional therapists combined. If this self-help treatise--which includes some of the veriest claptrap and some of the most unscientific and asinine rules of conduct ever written--can clearly prove therapeutic to innumerable humans, I think it can quite safely be pointed out that

unsupervised therapy materials are clearly here to stay. If so, imagine what a really great potential for improved human functioning a set of scientifically researched, written, and periodically revised do-it-yourself materials would probably have!

I heartily agree with Gerald Rosen that the time has arrived for applying the canons and methodologies of scientific research to the validation of both supervised and unsupervised self-help therapy. In fact, it is long overdue!

References

Bergin, A. E., & Garfield, S. L. (Eds.). Handbook of psychotherapy and behavior change: an empirical analysis. New York: Wiley, 1971.

Ellis, A. How to live with a "neurotic." New York: Crown Publishers, 1957. Rev. ed., New York: Crown Publishers, 1975.

Ellis, A. Rational psychotherapy. Journal of General Psychology, 1958, 59, 35-49. (a)

Ellis, A. Sex without guilt. New York: Lyle Stuart, 1958. Rev. ed., New York: Lyle Stuart, 1965; Hollywood: Wilshire Books, 1968. (b)

Ellis, A. The art and science of love. New York: Lyle Stuart, 1960. Rev. ed., New York: Lyle Stuart and Bantam Books, 1969.

Ellis, A. Reason and emotion in psychotherapy. New York: Lyle Stuart, 1962. Paperback ed.: New York: Citadel Press, 1977.

Ellis, A. The intelligent woman's guide to man-hunting. New York: Lyle Stuart and Dell Books, 1963. (a)

Ellis, A. Sex and the single man. New York: Lyle Stuart and Dell Books, 1963. (b)

Ellis, A. The art of erotic seduction. New York: Lyle Stuart and Ace Books, 1968.

Ellis, A. Growth through reason. Palo Alto: Science and Behavior Books and Hollywood: Wilshire Books, 1971.

Ellis, A. Executive leadership: a rational approach. New York: Citadel Press, 1972.

Ellis, A. Humanistic psychotherapy: the rational-emotive approach. New York: Julian Press and McGraw-Hill Paperbacks, 1973. (a)

Ellis, A. How to stubbornly refuse to feel ashamed of anything. Cassette recording. New York: Institute for Rational Living, 1973. (b)

Ellis, A. Twenty-one ways to stop worrying. Cassette recording. New York: Institute for Rational Living, 1973. (c)

Ellis, A. Disputing irrational beliefs (DIBS). New York: Institute for Rational Living, 1974.

Ellis, A. Sex and the liberated man. New York: Lyle Stuart, 1976.

Ellis, A. How to live with--and without--anger. New York: Reader's Digest Press, 1977. (a)

Ellis, A. Rational self-help report form. New York: Institute for Rational Living, 1977. (b)

Ellis, A. Rational-emotive therapy: research data that supports the clinical and personality hypotheses of RET and other modes of cognitive-behavior therapy. Counseling Psychologist, 1977, 7(1), 2-42. (c)

Ellis, A. A garland of rational songs. Songbook. New York: Institute for Rational Living, 1977. (d)

Ellis, A. A garland of rational songs. Cassette recording. New York: Institute for Rational Living, 1977. (e)

Ellis, A. Why "scientific" professionals believe mystical nonsense. Psychiatric Opinion, 1977, 14(2), 27-31. (f)

Ellis, A., & Harper, Robert A. Creative marriage. New York: Lyle Stuart, 1961. Paperback ed., retitled A guide to successful marriage. Hollywood: Wilshire Books, 1971. (a)

Ellis, A., & Harper, Robert A. A guide to rational living: Englewood Cliffs, N.J.: Prentice-Hall, 1961. Rev. ed., retitled, A new guide to rational living. Engelwood Cliffs, N.J.: Prentice-Hall and Hollywood: Wilshire Books, 1975. (b)

Glasgow, R.E., & Rosen, G. M. Behavioral bibliotherapy: A review of self-help behavior therapy manuals. Psychological Bulletin, in press.

Goldiamond, I. Singling out self-administered behavior therapies for professional overview: A comment on Rosen. American Psychologist, 1976, 31, 142-147.

Hauck, P. A. Overcoming depression. Philadelphia: Westminster Press, 1973.

Lieberman, M. A., Yalom, I. D., & Miles, M. B. Encounter groups: first facts. New York: Basic Books, 1973.

Maultsby, M. C., Jr. Help yourself to happiness. New York: Institute for Rational Living, 1975.

Maultsby, M. C., Jr., & Ellis, A. Techniques for using rational emotive imagery. New York: Institute for Rational Living, 1974.

Rosen, G. M. The development and use of nonprescription behavior therapies. American Psychologist, 1976, 31, 139-141.

Rosen, G. M. Nonprescription behavior therapies and other self-help treatments: a reply to Goldiamond. American Psychologist, 1977, 32, 178-179.

Rosen, G. M. Nonprescription psychotherapies: a symposium on do-it-yourself treatments. General statement. Paper presented at the American Psychological Association Annual Convention, San Francisco, August 27, 197